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Clinical tips: Food poisoning

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Food poisoning is used to describe a range of illnesses caused by drinking or eating contaminated drink or food. Infectious pathogens include bacteria, viruses, parasites, or their toxins, though food poisoning can also be a result of eating poisonous plants e.g. some mushrooms, or animals e.g. puffer fish.

Common symptoms include nausea, vomiting, watery diarrhoea, abdominal pain and cramps, and fevers, though these will vary depending on the causative pathogen or toxin. Symptoms can start within hours of eating contaminated food, or may begin days or weeks later. Most food poisoning is mild in nature, lasts for several hours to a few days, and generally resolves without treatment. However, some cases of food poisoning can also be extremely severe, with people requiring medical attention or admission to hospital.

Investigation to identify the cause of food poisoning is generally unnecessary. Management centres on replacing lost fluids to prevent / correct dehydration. Other supportive therapies can sometimes include anti-emetics, and in some instances anti-motility drugs may be appropriate; while antibiotics may be required for certain kinds of bacterial food poisoning if the symptoms are severe e.g. empirical treatment of suspected bacteraemia, or where the causative organism is known.

As the most accessible healthcare professional, pharmacists are well placed to help support and provide information to people with food poisoning, including, but not limited to:-

- **Clearing misconceptions about rehydration fluids** – soft drinks, sports and energy drinks, cordials and fruit juices are ideally not used as rehydration fluids as it can worsen diarrhoea and/or dehydration if it is not properly diluted. Proprietary oral rehydration solutions are preferred as they contain a balanced quantity of sodium and glucose, and other electrolytes such as potassium and chloride.
- **When should anti-motility drugs be used?** – Anti-motility drugs should not be used for acute diarrhoea in children and infants. In adults generally, they should only be used short-term in adults to relieve symptoms of mild to moderate acute diarrhoea when it is socially inconvenient (e.g. work or travel). They are contraindicated in people with severe or bloody diarrhoea, or in people with severe inflammatory bowel disease.
- **It is time to see a doctor when** there are signs / symptoms of:-
 - Frequent episodes of vomiting and inability to keep fluids down
 - Blood vomit or stools
 - Diarrhoea for > 3 days
 - Extreme pain or severe abdominal cramping
 - Oral temperature >38.6°C
 - Dehydration e.g. excessive thirst, dry mouth, little or no urination, severe weakness, dizziness or light-headedness
 - Blurry vision, muscle weakness, tingling in the arms
- **Other things to do when recovering from food poisoning** – resting; staying hydrated by sucking on ice chips or taking small sips of water; and letting the stomach settle and avoid

eating or drinking food substances that can upset or irritate the stomach until they are feeling better (e.g. dairy, caffeine, alcohol, high-fat and difficult to digest foods, highly seasoned foods).

- **Exclusion periods from school** – it is recommended that **children** be excluded from school until there has not been a loose bowel motion for 24 hours. **Staff that handle food** should avoid work until they have not had any diarrhoea or vomiting for 48 h.
- **General suggestions to reduce the risk of food poisoning** – e.g. cleaning the bathroom regularly, washing hands thoroughly before preparing food or eating, keeping and preparing raw foods separate from ready-to-eat foods to prevent cross-contamination, cooking foods to a safe temperature, and defrosting food at safe temperatures.